

MH Licensure Policies and Procedures Worksheets

The following form is a tool designed to help the MHL&C initial surveyor while reviewing the agency's policy & procedure manual. The information below is only a snapshot of the actual rules and *is not* a substitute for obtaining the licensure rule book. Providers are welcome to use the form as a tool if desired but it is not a requirement.

Division of Health Service Regulation
Mental Health Licensure and Certification Section
Policies & Procedures: Initial Licensure Survey

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Facility Name:		MHL#:		10NCAC 27G Licensure Code(s):	
County:		Date:		Time Begin:	Time End:
Consultant Name:				Type of survey (initial or change):	

Section 10A NCAC 27G .0200 Operation and Management Rules

10A NCAC 27G .0201: Governing Body Policies: The governing body responsible for each facility or service shall develop and implement written policies for the following:

<input type="checkbox"/> Delegation of Management Authority	<input type="checkbox"/> Admission Criteria	<input type="checkbox"/> Discharge Criteria
<input type="checkbox"/> Who Will Perform Assessments	<input type="checkbox"/> Assessment Time Frame	<input type="checkbox"/> Persons authorized to document in ct record
<input type="checkbox"/> Transporting Records	<input type="checkbox"/> Safeguarding of Records	<input type="checkbox"/> Accessibility of records to Authorized Persons
<input type="checkbox"/> Assurance of Confidentiality of Records	<input type="checkbox"/> Assessment of Presenting Problem	<input type="checkbox"/> Assessment of Ability to Provide Service(s)
<input type="checkbox"/> Disposition of Ct(s)	<input type="checkbox"/> QA/QI Activities and Composition	<input type="checkbox"/> Written Plan for QA/QI
<input type="checkbox"/> Methods of Monitoring Ct Care	<input type="checkbox"/> Qualified Supervision	<input type="checkbox"/> Intervention Advisory Committee
<input type="checkbox"/> Strategies for Improving Ct Care	<input type="checkbox"/> Staff Credentialing/Privileging	<input type="checkbox"/> Review of Fatalities
<input type="checkbox"/> Standards of Practice	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Medication Usage (27G .0209 for detailed list)
<input type="checkbox"/> Voluntary Non-Compensated Ct Work	<input type="checkbox"/> Fee Assessment & Collection	<input type="checkbox"/> Medical Emergency Plan
<input type="checkbox"/> Authorization for Follow Up of Lab Tests	<input type="checkbox"/> Transportation	<input type="checkbox"/> Safety Precautions (Fire/Disaster Plan)
<input type="checkbox"/> Volunteers: Confidentiality Requirements	<input type="checkbox"/> Staff Training & CEU's	<input type="checkbox"/> Ct Grievance Policy
<input type="checkbox"/> Infectious Disease (identify, control, report, investigate)		

10A NCAC 27G .0203: Competencies of Qualified and Associate Professionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each associate professional
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10A NCAC 27G .0204: Competencies and Supervision of Paraprofessionals

<input type="checkbox"/> Initiation of individualized supervision plan upon hiring each paraprofessional
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10A NCAC 27G .0209 Medication Requirements

<input type="checkbox"/> Meds dispensed only by written MD order	<input type="checkbox"/> Dispensing of meds only by Licensed Person	<input type="checkbox"/> Take home Methadone given to ct by RN only
<input type="checkbox"/> Facilities shall not keep prescription drugs for dispensing without a Pharmacist, except for emergency use. A small supply of samples may be kept and locked by MD	<input type="checkbox"/> Non-Prescribed drug containers not dispensed by a Pharmacist must have original label with expiration dates visible.	<input type="checkbox"/> Prescription meds must be dispensed in tamper resistant packaging
<input type="checkbox"/> Label on prescription meds must include: Ct name; MD name; dispensed date; administration directions; name, strength, quantity & expiration date of drug; name & address of Pharmacy; name of Pharmacist	<input type="checkbox"/> Meds administered by written MD order (5600F exempt for non Rx)	<input type="checkbox"/> Meds self administered only with written MD order
<input type="checkbox"/> Med administration only by trained staff	<input type="checkbox"/> 6 month drug review by a Psychiatrist or Pharmacist required if taking Psychotropic meds	<input type="checkbox"/> Findings from drug review recorded in ct record with corrective action plan
<input type="checkbox"/> Staff is responsible for informing MD of review results if medical intervention is indicated	<input type="checkbox"/> Meds prescribed by an area program MD will give written or oral instructions	<input type="checkbox"/> Med education will be enough to allow for ability to make informed consent
<input type="checkbox"/> The area program will have written documentation in ct record that education was given, to whom & in what format	<input type="checkbox"/> Ct request for med changes/checks on MAR	<input type="checkbox"/> Non-controlled meds must be disposed of by flushing or returning to pharmacy
<input type="checkbox"/> Controlled meds must be disposed of by the rules in NC controlled Substance act G.S. 90	<input type="checkbox"/> Documentation of disposal in record with ct name, med name, strength, quantity, disposal date & method, signature of disposer & witness	<input type="checkbox"/> Upon ct discharge, meds shall be disposed of immediately
<input type="checkbox"/> Meds must be locked	<input type="checkbox"/> Refrigerated meds must be in separate locked container	<input type="checkbox"/> Meds must be stored separately for each ct
<input type="checkbox"/> Meds must be stored separately for internal & external use	<input type="checkbox"/> Meds must be stored in a secure place for ct approved to self-administer	<input type="checkbox"/> A facility must be registered under G.S. 90, article 5 if controlled substances are on premises
<input type="checkbox"/> MAR must be kept current	<input type="checkbox"/> MAR must include: ct name, name, strength & quantity of drug; instructions for administration; date & time of administration; initials of person administering med	<input type="checkbox"/> Med errors are to be recorded in MAR
<input type="checkbox"/> Med refusal or adverse reactions are to be recorded		<input type="checkbox"/> Severe reactions to be immediately reported to MD or Pharmacist

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Notes:

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Section 10A NCAC 27D Client Rights in Community Mental Health, Developmental Disabilities & Substance Abuse Services

10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions

<input type="checkbox"/> Alleged/suspected abuse/neglect/exploitation reported to area DSS	<input type="checkbox"/> Safeguards are used when meds present an increased risk to ct (i.e. neuroleptics)	<input type="checkbox"/> Identify prohibited restrictive interventions (RI)
<input type="checkbox"/> 24hr facility: Identify circumstances when staff cannot restrict the rights of cts	<input type="checkbox"/> Identify allowed RI	<input type="checkbox"/> Staff responsible for informing ct
<input type="checkbox"/> Due process procedure for ct refusing RI	<input type="checkbox"/> Identify staff responsible for giving written permission for 24hr RI	<input type="checkbox"/> Identify staff responsible for review of RI
<input type="checkbox"/> Process of appeal for disagreement over planned use of RI	<input type="checkbox"/> Ct's physical and psychological well-being to include: review of cts health history or comprehensive health assessment; continuous assessment & monitoring of the ct's physical/ psychological well being throughout the duration of RI; continuous monitoring of the ct's physical/psychological well being by a staff training in CPR; and continuous monitoring of the ct's well being for a minimum of 30 minutes by a staff trained in CPR	<input type="checkbox"/> Following the use of RI, the staff shall conduct a debriefing and planning with the ct and legally responsible person. This process should be conducted based on the cognitive functioning of the ct.

10A NCAC 27D .0102 Suspensions and Expulsion Policy

<input type="checkbox"/> No ct shall be threatened w/unwarranted suspension or expulsion	<input type="checkbox"/> Policy & criteria for suspension	<input type="checkbox"/> Time and conditions for resuming services
<input type="checkbox"/> Documentation of efforts to make alternative services available	<input type="checkbox"/> Discharge Plan, if any	

10A NCAC 27D .0103 Search and Seizure Policy

<input type="checkbox"/> Ct should have privacy	<input type="checkbox"/> Policy on search/seizure of ct's possessions (including circumstances)	<input type="checkbox"/> Documentation of search/seizure including: Scope, search, reason, procedures followed, account of disposition of seized property
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10A NCAC 27D .0104 Periodic Internal Review

<input type="checkbox"/> Facility shall conduct a review at least every 3 years to check for compliance with applicable laws	<input type="checkbox"/> The governing body will keep the last 3 written reports of the findings of the reviews
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10A NCAC 27D .0201 Informing Clients

<input type="checkbox"/> Written client rights given to ct or guardian	<input type="checkbox"/> Each ct must be informed of right to contact Governor's Advocacy Council	<input type="checkbox"/> Documentation in record that rights were explained
<input type="checkbox"/> Within 72 hours or three visits, ct will be informed of rules and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedure (including contact person); suspension/expulsion and search and seizure		
<input type="checkbox"/> In facilities using RI: within 72 hours or 3 visits, ct will be informed of the purpose, goal & reinforcement structure of a behavior management system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of a RI; a competent adult may designate an individual to receive information after RI and notification provisions regarding restriction of rights		

10A NCAC 27D .0202 Informing Staff

<input type="checkbox"/> Written policy on informing staff of ct rights	<input type="checkbox"/> Documentation of receipt of information by each staff
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10A NCAC 27D .0301 Social Integration

<input type="checkbox"/> Each ct will be encouraged to participate in activities	<input type="checkbox"/> Cts will not be prohibited from activities unless restricted in writing and in record
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10A NCAC 27D .0302 Client Self Governance

<input type="checkbox"/> Written policy allows ct input into facility governance & development of ct self governance groups

10A NCAC 27D .0303 Informed Consent

<input type="checkbox"/> Ct will be informed about the alleged benefits, potential risks and alternative treatments	<input type="checkbox"/> Ct will be informed about the length of time the consent is valid and procedure to withdraw consent	<input type="checkbox"/> Consent for use of RI valid for 6 months
<input type="checkbox"/> Written consent needed for planned interventions	<input type="checkbox"/> Written consent needed for antabuse & Depo-Provera, when used for non FDA approved uses	<input type="checkbox"/> Cts have a right to refuse treatment, shall not be threatened with termination
<input type="checkbox"/> Documentation of informed consent in ct record		

10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation

<input type="checkbox"/> Staff will protect clients from harm, abuse, neglect and exploitation	<input type="checkbox"/> Staff will not inflict harm, abuse, neglect or exploit ct	<input type="checkbox"/> Goods/services will not be sold to or purchased from ct except through established policy
<input type="checkbox"/> Staff will only use the degree of force necessary to repel or secure a violent/aggressive ct and which is permitted by the policies. The degree of force necessary depends on the characteristics of the ct and the degree of aggressiveness. Use of interventions in agreement with 10A NCAC 27D		<input type="checkbox"/> Any violation of this rule by staff is grounds for dismissal

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Section 10A NCAC 27E Treatment of Habilitation Rights

10A NCAC 27E .0100 Protection Regarding Intervention Procedures

☐ If the Facility uses Seclusion, Restraints and Isolation Time Out this section must be checked in the rulebook and must be reflected in the facility's policy and procedure manual.

10A NCAC 27E .0101 Least Restrictive Alternative

☐ Facilities shall provide services using the least restrictive, most appropriate and effective positive treatment policy

☐ The use of RI to reduce a behavior will be used with positive treatment or habilitation methods

☐ Treatment methods shall include: deliberate teaching & reinforcement of behaviors which are non-injurious; improvement of conditions associated with non-injurious behaviors (i.e. enriched social and educational environment); alteration or elimination of environments conditions correlated with self injury

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10A NCAC 27E .0102 Prohibited Procedures

<input type="checkbox"/> The following procedures are prohibited: corporal punishment; painful body contact; substances which create painful bodily reactions; electric shock; insulin shock; unpleasant tasting foodstuffs; application of noxious substances (noise, bad smells, splashing with water); physically painful procedures to reduce behavior	<input type="checkbox"/> The governing body may determine to prohibit use of any interventions deemed unacceptable
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10A NCAC 27E .0103 General Policies Regarding Intervention Procedures

<input type="checkbox"/> The following procedures can only be used when clinically/medically indicated as a method of treatment: planned non-attention to specific undesirable behaviors when they are health threatening; contingent deprivation of any basic necessity or professionally acceptable behavior modification procedures not prohibited by rules .0102 or .0104
<input type="checkbox"/> The determination that a procedure is clinically/medically indicated and the authorization for use of such treatment for a specific ct can only be made by a physician or a licensed PHD who has been formally trained and privileged in the use of a procedure.

10A NCAC 27E .0104 Seclusion, Restraint and Isolation Time Out

<input type="checkbox"/> Use of RI shall be limited to emergency situations (to terminate dangerous behavior) or as a planned measure of therapeutic treatment	<input type="checkbox"/> RI will not be used as retaliation or convenience of staff & will not cause harm
<input type="checkbox"/> Written policy delineates use of RI	<input type="checkbox"/> Written policy when RI is used must be written and approved by the Commission and must follow rules 27E .0104(e)(1)(A-D) or the facility must have provisions included in the next box
<input type="checkbox"/> (e)(2) Review of ct's health history or ct's comprehensive health assessment conducted upon admission to the facility. The assessment shall include pre-existing medical conditions or any disabilities and limitations that would put the ct at risk during the RI; continuous assessments and monitoring of the ct's physical and psychological well being throughout the duration of the RI by a staff present and trained in RI; continuous monitoring of the ct's physical and psychological well being by a staff trained in CPR during the use of the restraint and continued monitoring of the ct's physical and psychological well being by a staff trained in CPR for a minimum of 30 minutes to the termination of RI	
<input type="checkbox"/> If the facility complies with (3) (2) then the following provisions apply: and room used for seclusion will comply with 8(A-I).	<input type="checkbox"/> When a ct is in seclusion or physical restraint they must be observed ≤ 15 minutes; ct will be allowed meals, bathing and toilet use; both of which must be recorded in the ct record
<input type="checkbox"/> When RI is used documentation in the ct record will include: notation of the ct's physical and psychological well being, notation of the frequency, intensity & duration of behavior leading to the RI and circumstances leading to the behavior; rationale for using RI which addresses the inadequacy of less restrictive techniques; description of intervention and date time & duration of use; description of accompanying positive methods of intervention; a description of the debriefing and planning with the ct and legal responsible person for the emergency use of seclusion, physical restraint or isolation time out; a description of the debriefing and planning with the ct and the legal responsible person for the planned use of seclusion, physical restraint or isolation time out; a signature & title of the staff who initiated and the staff who further authorized the use of the intervention	

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<input type="checkbox"/> Emergency use of RI will be limited to : staff privileged to use RI based on experience & training; continued use of interventions will be authorized only by staff privileged to use RI; the responsible staff will meet with and conduct an assessment that includes the physical and psychological well being of the ct and write continuation authorization ASAP after the time of initial use of intervention; verbal authorization can be five if responsible staff concurs that it is justified; verbal authorization will not exceed 24 hours; and a written order for seclusion, physical restraint or isolation timeout is limited		
<input type="checkbox"/> When RI is used as planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed	<input type="checkbox"/> When ct is in isolation time out there will be staff solely to monitor ct, there will be continued visual and verbal interaction which will be documented in the ct record	
<input type="checkbox"/> RI will be discontinued ASAP or within 30 minutes of behavior control, new authorization must be obtained for RI over 30 minutes to four hours for adult cts; two hour for children and adolescents ages 9 – 17; one hour for cts under age 9. The original order shall be renewed with these limits or up to a total of 24 hours.		
<input type="checkbox"/> Written approval required for RI exceeding 24 hours	<input type="checkbox"/> Standing orders or PRN orders shall not be used to authorize the use of RI	<input type="checkbox"/> When ct is in physical restraint staff will remain with the ct continuously
<input type="checkbox"/> Documentation of RI must be in ct record. When RI issued notification to the treatment team & designee of the governing body must occur ASAP or within 72 hours	<input type="checkbox"/> Review and report of RI must be conducted regularly; investigations of unusual or unwarranted patterns of utilization	
<input type="checkbox"/> Documentation shall be maintained on a log including: Name of ct; name of responsible staff; date, time type, duration, reason for intervention, positive and less restrictive alternative used or considered and why used, debriefing and planning conducted to eliminate or reduce the probability of future use of RI and negative effects of RI on the physical and psychological well being of the ct	<input type="checkbox"/> The facility shall collect and analyze data on the use of seclusion and restraining on the following: the type of procedure used and length of time employed; the alternatives considered or employed; and the effectiveness of the procedure or alternative employed	
<input type="checkbox"/> RI can be considered a planned intervention and will be included in the ct's treatment plan when used: ≥ 4X or ≥ 40hrs in 30 consecutive days; in a single episode for ≥24 continuous hrs in an emergency; or as a measure of therapeutic treatment designed to reduce behavior to allow less restrictive treatment		
<input type="checkbox"/> When RI is used as a planned intervention the facility policy shall specify consent or approval valid for no more that 6 months based on recent behavioral evidence intervention is positive and continues to be needed	<input type="checkbox"/> Prior to initiation or continued used of planned RI, written consent/approval in ct record – approval of plan by professional and treatment team, consent of ct or legally responsible person, notification of ct advocate, and physician approval	
<input type="checkbox"/> Documentation in ct record regarding use of planned intervention shall indicate: description and frequency of debriefing. Debriefing shall be conducted to the level of functioning of the ct; bi-monthly evaluation of the planned intervention by the responsible professional; and review at least monthly by the treatment/habilitation team that approved the planned intervention		
<input type="checkbox"/> Ct's are able to request voluntary RI		

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10A NCAC 27E .0105 Protective Devices

<input type="checkbox"/> When protective devices are used, a written policy will ensure that: the need has been assessed and the device applied by staff trained and privileged to do so; it is the most appropriate treatment; the ct is frequently observed and given opportunity to use the toilet, exercise and is monitored every hour	<input type="checkbox"/> Documentation and interventions will be recorded in ct record	<input type="checkbox"/> Protective devices are to be cleaned regularly
<input type="checkbox"/> Facilities operative by or under contract with an area program will be subject to review by the ct rights committee	<input type="checkbox"/> Use of devices will comply with 27E .0104	

10A NCAC 27E .0106 Intervention Advisory Committees (only if RI are used)

<input type="checkbox"/> An Intervention Advisory Committee will be established to provide additional safeguards in a facility using RI	<input type="checkbox"/> The Intervention Advisory Committee should have at least one member who has been a member of direct services or a close relative of a consumer and: for an area program facility the Committee will be the ct rights committee; in a facility not operated by an area program, the Committee will be the Human Rights Committee; or a facility will have a committee will have 3 citizens who are not employees of members of the governing body	<input type="checkbox"/> Intervention Advisory Committees shall have a member or regular independent consultant who is a professional with training and expertise in the use of the type of interventions who is not directly involved with the treatment of the ct
<input type="checkbox"/> The Intervention Advisory Committee will have a policy that governs the operations and states that ct information will only be given to committee members when necessary to perform duties	<input type="checkbox"/> Intervention Advisory Committee will receive specific training and orientation, be provided with copies of related statutes and rules, maintain minutes of each meeting, and make an annual written report to the governing body on activities of the committee	

10A NCAC 27E .0201 Safeguards Regarding Medications

<input type="checkbox"/> Use of experimental drugs is research and will be governed by GS 122c-57(f)	<input type="checkbox"/> Use of other drugs as treatment measure shall be governed by GS 122c-57, GS 90 Articles 1, 4A and 9A
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Treatment Rights in 24-hour Facilities

NCGS 122C-61: Treatment rights in 24-hour facilities

<input type="checkbox"/> Ct will have the right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay.	<input type="checkbox"/> Cts have the right to have as soon as practical during treatment but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the ct to live as normally as possible.
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NCGS 122C-62: Additional rights in 24-hour facilities

<input type="checkbox"/> Adult Clients have the right to:	<input type="checkbox"/> Minor Clients have the right to:
<input type="checkbox"/> Make and receive confidential phone calls	<input type="checkbox"/> Make and receive phone calls
<input type="checkbox"/> Receive visitors b/n 8:00 a.m. and 9:00 p.m. for at least 6 hours daily, 2 hours shall be after 6:00pm. Visiting shall not take precedence over therapies.	<input type="checkbox"/> Under appropriate supervision, receive visitors b/n 8:00 a.m. and 9:00 p.m. for at least 6 hours daily, 2 hours shall be after 6:00pm. Visiting shall not take precedence over therapies.
<input type="checkbox"/> Communicate & meet under appropriate supervision with individuals of own choice	<input type="checkbox"/> Send and receive mail and have access to writing materials, postage, staff assistance
<input type="checkbox"/> Make visits outside of the facility unless issues related to commitment proceedings or court order	<input type="checkbox"/> Receive special education and vocational training.
<input type="checkbox"/> Be out of doors daily and have access to facilities & equipment for physical exercise several times a week.	<input type="checkbox"/> Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with Ct needs
<input type="checkbox"/> Keep and use personal clothing and possessions	<input type="checkbox"/> Keep and use personal clothing and possessions under appropriate supervision
<input type="checkbox"/> Participate in religious worship	<input type="checkbox"/> Participate in religious worship
<input type="checkbox"/> Retain a driver's license unless otherwise prohibited	<input type="checkbox"/> Have access to individual storage space for personal belongings
<input type="checkbox"/> Have access to individual storage space for private use	<input type="checkbox"/> Have access to and spend a reasonable sum of own money.
	<input type="checkbox"/> Retain a driver's license unless otherwise prohibited.

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Section 10A NCAC 27F Specific Rules for 24-Hour Facilities

10A NCAC 27F .0101 Scope

☐ Article 3, Chapter 122C of the General Statutes provides specific rights for each ct who receives a mental health, developmental disability or substance abuse service. This subchapter delineates the rules regarding those rights for cts in a 24-hour facility

10A NCAC 27F .0102 Living Environment

☐ Efforts to make a quiet atmosphere for uninterrupted sleep, privacy areas

☐ Ct may suitably decorate room, when appropriate

10A NCAC 27F .0103 Health, Hygiene and Grooming

☐ Ct will have the right to dignity, privacy and humane care in healthy hygiene and grooming

☐ Cts will have access to shower/tub daily or more often as needed; access to a barber or beautician, access to linens and towels and other toiletries

☐ Adequate toilets, lavatory and bath facilities equipped for use by a ct with a mobility impairment will be available

☐ Ct bathtubs, showers and toilets will be private

10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions

☐ Staff will make every effort to protect ct personal clothing and possessions from loss or damage

10A NCAC 27F .0105 Client's Personal Funds

☐ Each ct will be encouraged to maintain funds in a personal account

☐ Funds managed by staff will: assure ct right to deposit and withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure ct funds are kept separate; allow deduction from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals provide ct quarterly statements

☐ Authorization by ct required before a deduction can be made from an account for any amount owed for damages done by the ct to the facility, to an employee of the facility, a visitor or another ct.

Section 10A NCAC 13O Healthcare Personnel Registry

10A NCAC 13O .0102 Investigating and Reporting Health Care Personnel Registry

☐ The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).